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CONFIRMATION NO. 4060

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|---|---|---------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>08/978,217  | <b>FILING OR 371(c) DATE</b><br>11/25/1997<br><b>RULE</b>   | <b>CLASS</b><br>536             | <b>GROUP ART UNIT</b><br>1643   | <b>ATTORNEY DOCKET NO.</b><br>02307E-07111 |
| <b>APPLICANTS</b><br>CHRISTOPHER C. BENZ, NOVATO, CA;<br>GARY K. SCOTT, BERKLEY, CA;<br>CHUAN-HSIUNG CHANG, SAN FRANCISCO, CA;                      |   |                                 |   |  |
| ** CONTINUING DATA *****<br>SM This appln claims benefit of 60/031,504 11/27/1996   |   |                                 |   |  |
| ** FOREIGN APPLICATIONS *****<br>SM none  |   |                                 |   |  |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED<br>** 01/06/1998  |   |                                 |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  |   | <b>STATE OR COUNTRY</b><br>CA   | <b>SHEETS DRAWING</b><br>18   | <b>TOTAL CLAIMS</b><br>81                  |
| 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met<br>Allowance |   |                                 |   |  |
| Verified and Acknowledged <u>SM</u><br>Examiner's Signature Initials  |   | <b>INDEPENDENT CLAIMS</b><br>19 |   |  |
|   |   |                                 |   |  |
| <b>ADDRESS</b><br>LAW OFFICES OF JONATHAN ALAN QUINE<br>P.O. BOX 458<br>ALAMEDA, CA94501  |   |                                 |   |  |
| <b>TITLE</b><br>A NEW ETS-RELATED GENE OVEREXPRESSED IN HUMAN BREAST AND EPITHELIAL CANCERS   |   |                                 |   |  |
| <b>FILING FEE RECEIVED</b><br>3574  | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: |                                 | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |